

Instructions for completing the Dependent DROP Form

All fields required, unless otherwise noted.

Use this DROP Form (and supporting documentation, if needed) to:

- *Drop a dependent from the applicant's plan.*

Use a Health Insurance Application (and supporting documentation, if needed) to:

- *Request changes to the applicant's coverage due to Moving Out Of the Service Area, or*
 - *If the policyholder in a current cross-referenced plan is changing due to a qualifying event*
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- **Applicant's SSN:** Enter the Applicant's SSN in the provided spaces.
- **Retiree's SSN:** Enter the Retiree's SSN in the provided spaces if the policy holder is a retiree.
- **Company Number:** Enter Company Number. The applicant can find this information from his/her Insurance Coordinator.
- **Name:** Print clearly Applicant's First, Middle, and Last name on the line provided.
- **Date of Birth:** Enter the Applicant's date of birth.
- **Qualifying Events:** In order to drop a dependent, check the qualifying event from the list that allows the applicant to drop the dependent off his/her plan.
- **Qualifying Event Date:** Enter the date of the Qualifying Event.
- **Information for each Dependent to Be Dropped:** Print the following information in the blanks provided for each dependent to be dropped: Dependent's Social Security Number, Dependent's Name and Relationship code (SP, CH, DD or CO).

Complete the Health Care and Dependent Care information only if the applicant's agency is a Commonwealth Choice participant and changes are being requested to an FSA or Dependent Care Account based on the selected Qualifying Event.

- **Healthcare Spending Account:** Enter the amount of the requested change (if applicable).
- **Dependent Care Account:** Enter the amount of the requested change (if applicable).

- **Applicant Signature:** The applicant must sign the form.
- **Date:** The applicant must date the form.
- **Insurance Coordinator Signature:** The Insurance Coordinator must sign the form.
- **Date:** The Insurance Coordinator must date the form.
- **Retiree Signature:** The Retiree must sign the form if the applicant is a retiree.
- **Date:** The Retiree must date the form if the applicant is a retiree.
- **Spouse Signature:** The spouse must sign the form if the requested changes are for a cross-referenced plan.
- **Date:** The spouse must date the form if the requested changes are for a cross-referenced plan.
- **Spouse's Insurance Coordinator Signature:** The spouse's Insurance Coordinator must sign the form if the requested changes are for a cross-referenced plan.
- **Date:** The Spouse's Insurance Coordinator must date the form if the requested changes are for a cross-referenced plan.